



*Financial Aid Workshop for Mid-Level Aid Administrators
August 1997*

AGENDA

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|--------------|---|
| 8:00 | <i>Check-in</i> |
| 8:30 | <i>Welcome and Introductions</i> |
| 8:45 | Interpreting Regulations |
| 9:15 | Database Matches |
| | Citizenship |
| | INS |
| | Selective Service |
| | Social Security Number |
| | NSLDS |
| 10:30 | <i>Break</i> |
| 10:45 | Verification |
| | Update vs. Correction |
| 12:00 | <i>Lunch (on your own)</i> |
| 1:00 | Professional Judgment |
| | Dependency Status |
| | Satisfactory Academic Progress |
| | Projected Year Income |
| | Loan Limits/Denial |
| | Verification |
| 2:00 | Re-Establishing Eligibility |
| 2:30 | Loan Counseling/Default Prevention |
| 3:00 | <i>Conclusion</i> |

PRE-REGISTRATION FORM



Financial Aid Workshop for Mid-Level Aid Administrators August 1997

*Please complete this form to pre-register for the workshops listed. This form will also be used as your registration confirmation and returned to you at the address you list below. **Please print or type carefully.***

Institution Name: _____ Contact Phone: _____

Contact Person: _____ Contact FAX: _____

Address: _____ USDE Code: _____

City/State/Zip: _____

In the space provided, indicate the number of representatives from your institution and which site they will attend:

August 5 (Tuesday) Occidental College 1600 Campus Road Los Angeles, CA 90041 (213) 259-2548 Norris Hall of Sciences (Mosher I) _____ # Attending	August 7 (Thursday) CSU San Marcos San Marcos, CA 92096 (760) 750-4889 Academic Hall #102 _____ # Attending	August 12 (Tuesday) Radisson Hotel 32083 Alvarado-Niles Road Union City, CA 94587 (510) 489-2200 Alvarado Ball Room _____ # Attending
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Complete and return this form to:

**EDFUND
Loan Services Branch
P.O. Box 510625
Sacramento, California 94245-0625**

OR

FAX (916) 445-6182

